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PTO/SB/05 (08/03)

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications  
under 37 CFR 1.53(b))

Attorney Docket No.

7537CQ

First Inventor

Donald Carroll Roe

Assignee

The Procter & Gamble Company

Title

Disposable Article Having A Biosensor

Express Mail Label No.

EV 322817885 US

**APPLICATION ELEMENTS**

See MPEP Chapter 600 concerning utility patent application contents.

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1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original, and a duplicate for fee processing)

2. ☒ Specification Total Pages [40]  
(preferred arrangement set forth below)

- Descriptive Title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R&D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

3. ☒ Drawing(s) (35 USC §113) Total Sheets [8]

4. Oath or Declaration Total pages [2]

- a. ☐ Newly executed (original or copy)
- b. ☒ Copy from a prior application (37 CFR §1.63(d))  
(for continuation/divisional with Box 17 complete)
  - i. ☐ **DELETION OF INVENTORS**  
Signed statement attached deleting inventor(s)  
named in the prior application,  
see 37 CFR §§1.63(d)(2) and 1.33(b).

5. ☐ Application Data Sheet. See 37 CFR §1.76

6. ☐ CD-ROM or CD-R in duplicate, large table or  
Computer Program (Appendix)

7. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)

- a. ☐ Computer Readable Form (CRF)
- b. Specification Sequence Listing on:
  - i. ☐ CD-ROM or CD-R (2 copies); or
  - ii. ☐ Paper

c. ☐ Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

8. ☐ Assignment Papers (cover sheet & document(s))

9. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)

10. ☐ English Translation Document (if applicable)

11. ☐ Information Disclosure ☒ Copies of IDS  
Statement (IDS)/PTO-1449/SB08 Citations

12. ☐ Preliminary Amendment

13. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)

14. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)

15. ☐ Nonpublication Request under 35 U.S.C.  
122(b)(2)(B)(i). Applicant must attach form  
PTO/SB/35 or its equivalent.

16. ☐ Other: .....

17. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR §1.76:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. 09/299,399

Prior application information: Examiner: Jacqueline F. Stephens Art Unit: 3761

For **CONTINUATION OR DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

[ X ] Customer Number

(Insert Customer No. here)

27752

Name (Print/Type)

Ian S. Robinson

Registration No. (Attorney/Agent)

43,348

Signature

*Ian Robinson*

Date

1/8/04

+ This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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|---|--------------------------|--------------------|
| <b>FEE TRANSMITTAL</b><br><b>for FY 2004</b><br>Patent fees are subject to annual revision. | <b>Complete if Known</b> |                    |
|   | Application Number       |                    |
|   | Confirmation Number      |                    |
|   | Filing Date              |                    |
|   | First Named Inventor     | Donald Carroll Roe |
|   | Examiner Name            |                    |
| Art Unit  |                          |                    |
| <b>TOTAL AMOUNT OF PAYMENT (\$1,346.00)</b>   | Attorney Docket No.      | 7537CQ             |

| <b>METHOD OF PAYMENT</b><br>1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to:<br><br>Deposit Account Number: <b>16-2480</b><br>Deposit Account Name: <b>The Procter &amp; Gamble Company</b>   | <b>FEE CALCULATION (continued)</b><br>3. <b>ADDITIONAL FEES</b><br><table border="1"> <thead> <tr> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>Surcharge-late filing fee or oath</td><td><input type="checkbox"/></td></tr> <tr><td>1052</td><td>50</td><td>Surcharge-late provisional filing fee or cover sheet</td><td><input type="checkbox"/></td></tr> <tr><td>1053</td><td>130</td><td>Non-English specification</td><td><input type="checkbox"/></td></tr> <tr><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td><input type="checkbox"/></td></tr> <tr><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>1251</td><td>110</td><td>Extension for reply within 1<sup>st</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1252</td><td>420</td><td>Extension for reply within 2<sup>nd</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1253</td><td>950</td><td>Extension for reply within 3<sup>rd</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1254</td><td>1,480</td><td>Extension for reply within 4<sup>th</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1255</td><td>2,010</td><td>Extension for reply within 5<sup>th</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1401</td><td>330</td><td>Notice of Appeal</td><td><input type="checkbox"/></td></tr> <tr><td>1402</td><td>330</td><td>Filing a brief in support of an appeal</td><td><input type="checkbox"/></td></tr> <tr><td>1403</td><td>290</td><td>Request for oral hearing</td><td><input type="checkbox"/></td></tr> <tr><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td><input type="checkbox"/></td></tr> <tr><td>1452</td><td>110</td><td>Petition to revive - unavoidable</td><td><input type="checkbox"/></td></tr> <tr><td>1453</td><td>1,330</td><td>Petition to revive - unintentional</td><td><input type="checkbox"/></td></tr> <tr><td>1501</td><td>1,330</td><td>Utility issue fee (or reissue)</td><td><input type="checkbox"/></td></tr> <tr><td>1502</td><td>480</td><td>Design issue fee</td><td><input type="checkbox"/></td></tr> <tr><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td><input type="checkbox"/></td></tr> <tr><td>1807</td><td>50</td><td>Processing fee under 37 C.F.R. 1.17(q)</td><td><input type="checkbox"/></td></tr> <tr><td>1806</td><td>180</td><td>Submission of Information Disclosure Statement</td><td><input type="checkbox"/></td></tr> <tr><td>1809</td><td>770</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td><input type="checkbox"/></td></tr> <tr><td>1810</td><td>770</td><td>For each additional invention to be examined (37 CFR §1.129(b))</td><td><input type="checkbox"/></td></tr> <tr><td>1801</td><td>770</td><td>Request for Continued Examination (RCE)</td><td><input type="checkbox"/></td></tr> <tr><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td><input type="checkbox"/></td></tr> <tr><td>1454</td><td>1330</td><td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> </tbody> </table> | Code  | (\$)                       | Fee Description          | Fee Paid | 1051         | 130                | Surcharge-late filing fee or oath | <input type="checkbox"/> | 1052   | 50                 | Surcharge-late provisional filing fee or cover sheet | <input type="checkbox"/>   | 1053                       | 130                      | Non-English specification | <input type="checkbox"/> | 1812                     | 2,520                      | For filing a request for <i>ex parte</i> reexamination | <input type="checkbox"/> | 1804 | 920*            | Requesting publication of SIR prior to Examiner's action | <input type="checkbox"/> | 1805                   | 1,840* | Requesting publication of SIR after Examiner's action | <input type="checkbox"/>          | 1251 | 110 | Extension for reply within 1 <sup>st</sup> month | <input type="checkbox"/> | 1252 | 420   | Extension for reply within 2 <sup>nd</sup> month | <input type="checkbox"/> | 1253  | 950                 | Extension for reply within 3 <sup>rd</sup> month | <input type="checkbox"/> | 1254              | 1,480  | Extension for reply within 4 <sup>th</sup> month | <input type="checkbox"/> | 1255 | 2,010 | Extension for reply within 5 <sup>th</sup> month | <input type="checkbox"/> | 1401 | 330 | Notice of Appeal | <input type="checkbox"/> | 1402 | 330 | Filing a brief in support of an appeal | <input type="checkbox"/> | 1403 | 290 | Request for oral hearing | <input type="checkbox"/> | 1451 | 1,510 | Petition to institute a public use proceeding | <input type="checkbox"/> | 1452 | 110 | Petition to revive - unavoidable | <input type="checkbox"/> | 1453 | 1,330 | Petition to revive - unintentional | <input type="checkbox"/> | 1501 | 1,330 | Utility issue fee (or reissue) | <input type="checkbox"/> | 1502 | 480 | Design issue fee | <input type="checkbox"/> | 1460 | 130 | Petitions to the Commissioner | <input type="checkbox"/> | 1807 | 50 | Processing fee under 37 C.F.R. 1.17(q) | <input type="checkbox"/> | 1806 | 180 | Submission of Information Disclosure Statement | <input type="checkbox"/> | 1809 | 770 | Filing a submission after final rejection (37 CFR § 1.129(a)) | <input type="checkbox"/> | 1810 | 770 | For each additional invention to be examined (37 CFR §1.129(b)) | <input type="checkbox"/> | 1801 | 770 | Request for Continued Examination (RCE) | <input type="checkbox"/> | 1802 | 900 | Request for expedited examination of a design application | <input type="checkbox"/> | 1454 | 1330 | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | <input type="checkbox"/> | Other fee (specify) _____ |  |  | <input type="checkbox"/> | Other fee (specify) _____ |  |  | <input type="checkbox"/> |
|---|---|---|----------------------------|--------------------------|----------|--------------|--------------------|-----------------------------------|--------------------------|--------|--------------------|--|----------------------------|----------------------------|--------------------------|---------------------------|--------------------------|--------------------------|----------------------------|--|--------------------------|------|-----------------|--|--------------------------|------------------------|--------|---|-----------------------------------|------|-----|--|--------------------------|------|---|--|--------------------------|---|---------------------|--|--------------------------|-------------------|--|--|--------------------------|------|-------|--|--------------------------|------|-----|------------------|--------------------------|------|-----|--|--------------------------|------|-----|--------------------------|--------------------------|------|-------|---|--------------------------|------|-----|----------------------------------|--------------------------|------|-------|------------------------------------|--------------------------|------|-------|--------------------------------|--------------------------|------|-----|------------------|--------------------------|------|-----|-------------------------------|--------------------------|------|----|--|--------------------------|------|-----|--|--------------------------|------|-----|---|--------------------------|------|-----|---|--------------------------|------|-----|---|--------------------------|------|-----|---|--------------------------|------|------|---|--------------------------|---------------------------|--|--|--------------------------|---------------------------|--|--|--------------------------|
| Code  | (\$)  | Fee Description   | Fee Paid                   |                          |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1051  | 130   | Surcharge-late filing fee or oath   | <input type="checkbox"/>   |                          |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1052  | 50  | Surcharge-late provisional filing fee or cover sheet  | <input type="checkbox"/>   |                          |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1053  | 130   | Non-English specification   | <input type="checkbox"/>   |                          |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1812  | 2,520   | For filing a request for <i>ex parte</i> reexamination  | <input type="checkbox"/>   |                          |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1804  | 920*  | Requesting publication of SIR prior to Examiner's action  | <input type="checkbox"/>   |                          |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1805  | 1,840*  | Requesting publication of SIR after Examiner's action   | <input type="checkbox"/>   |                          |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1251  | 110   | Extension for reply within 1 <sup>st</sup> month  | <input type="checkbox"/>   |                          |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1252  | 420   | Extension for reply within 2 <sup>nd</sup> month  | <input type="checkbox"/>   |                          |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1253  | 950   | Extension for reply within 3 <sup>rd</sup> month  | <input type="checkbox"/>   |                          |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1254  | 1,480   | Extension for reply within 4 <sup>th</sup> month  | <input type="checkbox"/>   |                          |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1255  | 2,010   | Extension for reply within 5 <sup>th</sup> month  | <input type="checkbox"/>   |                          |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1401  | 330   | Notice of Appeal  | <input type="checkbox"/>   |                          |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1402  | 330   | Filing a brief in support of an appeal  | <input type="checkbox"/>   |                          |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1403  | 290   | Request for oral hearing  | <input type="checkbox"/>   |                          |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1451  | 1,510   | Petition to institute a public use proceeding   | <input type="checkbox"/>   |                          |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1452  | 110   | Petition to revive - unavoidable  | <input type="checkbox"/>   |                          |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1453  | 1,330   | Petition to revive - unintentional  | <input type="checkbox"/>   |                          |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1501  | 1,330   | Utility issue fee (or reissue)  | <input type="checkbox"/>   |                          |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1502  | 480   | Design issue fee  | <input type="checkbox"/>   |                          |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1460  | 130   | Petitions to the Commissioner   | <input type="checkbox"/>   |                          |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1807  | 50  | Processing fee under 37 C.F.R. 1.17(q)  | <input type="checkbox"/>   |                          |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1806  | 180   | Submission of Information Disclosure Statement  | <input type="checkbox"/>   |                          |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1809  | 770   | Filing a submission after final rejection (37 CFR § 1.129(a))   | <input type="checkbox"/>   |                          |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1810  | 770   | For each additional invention to be examined (37 CFR §1.129(b))   | <input type="checkbox"/>   |                          |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1801  | 770   | Request for Continued Examination (RCE)   | <input type="checkbox"/>   |                          |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1802  | 900   | Request for expedited examination of a design application   | <input type="checkbox"/>   |                          |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1454  | 1330  | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | <input type="checkbox"/>   |                          |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Other fee (specify) _____   |   |   | <input type="checkbox"/>   |                          |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Other fee (specify) _____   |   |   | <input type="checkbox"/>   |                          |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| <b>FEE CALCULATION</b><br>1. <b>BASIC FILING FEE – Large Entity</b><br><table border="1"> <thead> <tr> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1001</td><td>770</td><td>Utility filing fee</td><td>770.00</td></tr> <tr><td>1002</td><td>340</td><td>Design filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>1004</td><td>770</td><td>Reissue filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>1005</td><td>160</td><td>Provisional filing fee</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3"><b>SUBTOTAL (1)</b></td><td><b>(\$770.00)</b></td></tr> </tbody> </table>   | Code  | (\$)  | Fee Description            | Fee Paid                 | 1001     | 770          | Utility filing fee | 770.00                            | 1002                     | 340    | Design filing fee  | <input type="checkbox"/>                             | 1004                       | 770                        | Reissue filing fee       | <input type="checkbox"/>  | 1005                     | 160                      | Provisional filing fee     | <input type="checkbox"/>                               | <b>SUBTOTAL (1)</b>      |      |                 | <b>(\$770.00)</b>  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Code  | (\$)  | Fee Description   | Fee Paid                   |                          |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1001  | 770   | Utility filing fee  | 770.00                     |                          |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1002  | 340   | Design filing fee   | <input type="checkbox"/>   |                          |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1004  | 770   | Reissue filing fee  | <input type="checkbox"/>   |                          |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1005  | 160   | Provisional filing fee  | <input type="checkbox"/>   |                          |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| <b>SUBTOTAL (1)</b>   |   |   | <b>(\$770.00)</b>          |                          |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 2. <b>EXTRA CLAIM FEES FOR UTILITY AND REISSUE – Large Entity</b><br><table border="1"> <thead> <tr> <th></th> <th></th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Total Claims</td><td>52 - 20** =</td><td>32 x</td><td>18 =</td><td>576.00</td></tr> <tr><td>Independent Claims</td><td>2 - 3** =</td><td><input type="checkbox"/> x</td><td><input type="checkbox"/> =</td><td><input type="checkbox"/></td></tr> <tr><td>Multiple Dependent</td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/> =</td><td><input type="checkbox"/></td></tr> </tbody> </table> <p>** or number previously paid, if greater; For Reissues, see below</p> <table border="1"> <thead> <tr> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>Claims in excess of 20</td></tr> <tr><td>1201</td><td>86</td><td>Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>290</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>1204</td><td>86</td><td>**Reissue independent claims over original patent</td></tr> <tr><td>1205</td><td>18</td><td>**Reissue claims in excess of 20 &amp; over original patent</td></tr> <tr><td colspan="3"><b>SUBTOTAL (2)</b></td><td><b>(\$576.00)</b></td></tr> </tbody> </table> |   |   | Extra Claims               | Fee from Below           | Fee Paid | Total Claims | 52 - 20** =        | 32 x                              | 18 =                     | 576.00 | Independent Claims | 2 - 3** =  | <input type="checkbox"/> x | <input type="checkbox"/> = | <input type="checkbox"/> | Multiple Dependent        |                          | <input type="checkbox"/> | <input type="checkbox"/> = | <input type="checkbox"/>                               | Code                     | (\$) | Fee Description | 1202   | 18                       | Claims in excess of 20 | 1201   | 86  | Independent claims in excess of 3 | 1203 | 290 | Multiple dependent claim, if not paid            | 1204                     | 86   | **Reissue independent claims over original patent | 1205   | 18                       | **Reissue claims in excess of 20 & over original patent | <b>SUBTOTAL (2)</b> |  |                          | <b>(\$576.00)</b> | * Reduced by Basic Filing Fee Paid<br><b>SUBTOTAL(3) (\$)</b> <input type="checkbox"/> |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
|   |   | Extra Claims  | Fee from Below             | Fee Paid                 |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Total Claims  | 52 - 20** =   | 32 x  | 18 =                       | 576.00                   |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Independent Claims  | 2 - 3** =   | <input type="checkbox"/> x  | <input type="checkbox"/> = | <input type="checkbox"/> |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Multiple Dependent  |   | <input type="checkbox"/>  | <input type="checkbox"/> = | <input type="checkbox"/> |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Code  | (\$)  | Fee Description   |                            |                          |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1202  | 18  | Claims in excess of 20  |                            |                          |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1201  | 86  | Independent claims in excess of 3   |                            |                          |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1203  | 290   | Multiple dependent claim, if not paid   |                            |                          |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1204  | 86  | **Reissue independent claims over original patent   |                            |                          |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1205  | 18  | **Reissue claims in excess of 20 & over original patent   |                            |                          |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| <b>SUBTOTAL (2)</b>   |   |   | <b>(\$576.00)</b>          |                          |          |              |                    |                                   |                          |        |                    |  |                            |                            |                          |                           |                          |                          |                            |  |                          |      |                 |  |                          |                        |        |   |                                   |      |     |  |                          |      |   |  |                          |   |                     |  |                          |                   |  |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |

|                     |                        |                  |               |                                 |                       |
|---------------------|------------------------|------------------|---------------|---------------------------------|-----------------------|
| <b>SUBMITTED BY</b> |                        |                  |               | <b>Complete (if applicable)</b> |                       |
| Name (Print/Type)   | <b>Ian S. Robinson</b> | Registration No. | <b>43,348</b> | Telephone                       | <b>(513) 626-3356</b> |
| Signature           | <i>Ian Robinson</i>    | (Attorney/Agent) |               | Date                            | <b>1/8/04</b>         |

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